Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6001663	B. WING		40/02/0000	
					10/23/2020	_
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HIGHLAI	ND HEALTH CARE CE	ENTER	1 STREET D, IL 62249			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT IS	ON (X5)	
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S 000	Initial Comments		S 000			
	Complaint Investiga	ation:				
	#2047803/IL 12736 #2047342/IL 12685					
	A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on October 23, 2020.					
S9999	Final Observations		S9999	8	31	
53	Statement of Licens	sure Violations:				
	300.610a) 300.1210b) 300.1210d)2) 300.1220b)2) 300.3240a)					
	Section 300.610 R	esident Care Policies		## ## ## ## ## ## ## ## ## ## ## ## ##		
91	procedures governi facility. The written be formulated by a Committee consisti					
70	medical advisory co of nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It shall be followed in operating to be reviewed at least annually documented by written, signed of the meeting.		Attachment A Statement of Licensure Violations	<b>3</b>	
Illinois Depar	tment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SIGI	VATURE	TITLE	(X6) DATE	

STATE FORM

6899

QWE911

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_ COMPLETED IL6001663 B. WING 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d)Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2)All treatments and procedures shall be administered as ordered by the physician. Section 300.1220 Supervision of Nursing Services b)The DON shall supervise and oversee the nursing services of the facility, including 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activties potential, rehabilitation potential, cognitive status, and drug therapy.

Illinois Department of Public Health

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		!L6001663	B. WING		10/2	23/2020
NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
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S9999	Continued From pa	ge 2	S9999			
	Section 300.3240 /	Abuse and Neglect				
		ee, administrator, employee or nall not abuse or neglect a n 2-107 of the Act)		8		
	These requirement based on:	s were not met evidenced				
20	review, the facility fand provide a pain promote comfort ar wound care for 1 (F pain the sample of experiencing pain, effectiveness and care, and resulted i infestation with otitizequiring Emergency treatment on 9/11/2 the facility failed to implement an effect lesions, in order to maggot infestation residents reviewed sample of 17. This a maggot infestation ear, requiring Emerging	on, interview, and record ailed to accurately evaluate management regimen to a compliance for effective R4) of 3 residents reviewed for 17. This failure resulted in R4 compromising the compliance level of wound in R4 acquiring a maggot is externa to his right ear by Room evaluation and 20 and 9/12/20. Also, asses, develop, and tive plan of care for cancerous prevent otitis externa and a within a wound for 1 (R4) of 5 for wound care in the total failure resulted in R4 acquiring in with otitis externa to his right gency Room evaluation and 0/11/20 and 9/12/20.				
	date of 9/6/19 and i diagnoses: protein- dysphasia, diabetes	de:  ord documents an admission includes the following calorie malnutrition, s, chronic kidney disease, pecified knee pain, pain in right				

Illimois Department of Public Health STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY
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	S9999	abdominal pain, and skin. R4's quarterly dated 10/13/20, dod Interview of Mental moderate cognitive MDS for ADL (Activities coded as needing for: bed mobility, trawalking in room, wat toilet use, and personeeding a one-personeeding a foliate on a quarterly on 8/27/20 and an a stating "(chronic) particular and stating "(chronic) particular and limited to, "Cousual routine, sleep functional abilities, of resistance to care family with informational abilities and the resistance of the resist	eakness, unspecified dimalignant melanoma of the MDS (Minimum Data Set) cuments a BIMS (Brief Status) of 10 indicating a impairment. On this same lities of Daily Living) care, R4 a one-person physical assist insfers between surfaces, alking in corridor, dressing, onal hygiene. R4 is coded as on physical assist for bathing. In the same on all MDS's on 9/29/20, and annual MDS annual MDS on 6/15/20. It dated 10/13/20 documents for Mental Status (BIMS) ing moderate cognitive of care documents a revision date of 9/10/19 in r/t (related to) Arthritis, with interventions including observe and report changes in patterns, decrease in lecrease ROM, withdrawal or Provide the resident and on about pain and options anagement. Discuss and ent and active physician order with a start date of Record highest level of pain me physician's orders also with a start date of 9/6/19 and with a start date of 9/6/19 and	S9999			

PRINTED: 12/23/2020 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6001663 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 2 tablet by mouth every 6 hours as needed for mild pain (1-3 on the pain scale) NTE (not to exceed) 3gms (Grams) of Acetaminophen in 24 hours. Review of R4's Clinical Record documents a new physician order with a start date of 10/17/20 that states, "Acetaminophen Tablet 325 MG, Give 2 tablet by mouth one time a day for 2 tablets = (equals) 650mg related to Malignant Melanoma of Skin, Unspecified, assess for pain if pain is > (greater than) 4 notify MD (Medical Doctor) AND Give 2 tablet by mouth every 8 hours as needed for pain 1-4. Notify MD if pain is greater than 5/10 related to Malignant Melanoma of Skin, Unspecified PRN (as needed) is not to be given within 8 hours of scheduled dose." R4's Physician Orders with a start date of 11/22/19 and discontinue date of 10/15/20 documents, R4 self-administers. Cleanse lesions to right ear, left nares/upper lip with n/s (normal saline), pat dry. Monitor for weeping/drainage/bleeding. Start date 10/18/19 and discontinue date of 10/15/20, "White Petrolatum Apply to left nose/upper lip topically every day shift for wound care unsupervised self-administration cleanse with normal saline." Additional Physician Orders are noted with a start date of 9/12/20 for Neomycin-Polymyxin-HC (Otic) Suspension 5-10000-1 MG (milligram) "Emergency Department (ED) Provider Notes"

Illinois Department of Public Health

from the local hospital document on 9/11/20, R4 was seen for evaluation and treatment related to R4's right ear being impacted with maggots. Upon arrival to the ED, R4 denied pain but stated his right ear did not feel as good as the left. The same document states R4's ear was irrigated with multiple maggots being flushed out. "Review of Systems" documents R4 was "positive for ear discharge." "History of Present Illnesses" documents R4 as having a history of facial

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	ige 5	S9999				
	melanoma brought Services (EMS)P getting treatment fo	in by Emergency Medical t. (patient) is apparently not or his melanoma." R4's "Visit mented as "Infestation by fly					
	the local hospital do seen for evaluation "Infestation (maggo states R4 was pres same complaint in were irrigated, and maggots was noted today, maggots were present. "Review of "positive for ear pai conducted in which chronic lesions with inspection greater the auditory canal. I resulted in significated documents shortly a lidocaine was place canal to reduce disciplication for the external auditor external external external external external external external e	trment Provider Notes" from ocument on 9/12/20, R4 was and treatment related to ots in right ear)." The report ent in the ED yesterday for the which numerous maggots no further evidence of I. Upon recheck by facility staff re noted to then again be f Symptoms" documents R4 as n." A Physical exam was it was noted R4 had "Several in the helix. On initial han 10 maggots were seen in Movement of the pinna nt pain." "ED Course" after R4's arrival viscous ed in R4's external auditory comfort. Treatment included ear in which 15 maggots were ewing R4 to rest, the ear was ucing an additional 6 rt documents irritation within y canal consistent with otitis ect this as cause of patient's e." R4's "visit diagnosis" are aggot Infestation and Otitis umented as being discharged on Cortisporin drops, "with flammation and aiding in rther debris or infestation."					
		ed 9/14/20, has a focus area					
Illinois Depar	tment of Public Health	itemplication by roldolling to					

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X4) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X4) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X4) PROVIDER/SUPPLIER/CLIA | (X4) MULTIPLE CONSTRUCTION | (X5) DATE SURVEY COMPLETED | (X6) PROVIDER/SUPPLIER/CLIA | (X6) MULTIPLE CONSTRUCTION | (X6) DATE SURVEY COMPLETED | (X6) PROVIDER/SUPPLIER/CLIA | (X6) MULTIPLE CONSTRUCTION | (X7) DATE SURVEY COMPLETED | (X7) DATE SURV

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## HIGHLAND HEALTH CARE CENTER

1450 26TH STREET HIGHLAND, IL 62249

HIGHLA	NII HEALTH CARE CENTER	D, IL 62249		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		
O 2000	allow staff to do treatment to cancer lesions for face/ear, and refuses to keep dressings on. The goal is for the resident to verbalize understanding of consequences of non-compliance through review date. The interventions/tasks listed for this problem area include: 1) accept residents right to refuse, 2) discuss with resident his/her objections, reasons, fears, ideas, 3) give positive feedback and reinforcement for resident's compliance, 4) inform resident about risks of noncompliance, 5) offer as many alternatives as possible for resident to choose from. The care plan also has a focus area stating that the resident has impaired cognitive function/dementia or impaired thought processes with a revision date of 9/16/19. The goal for this focus area is that the resident will maintain current level of cognitive function through review date and that resident will be able to communicate basic needs, daily through review date. Interventions for this focus area include administer medications as ordered and monitor/document for side effects and effectiveness, communicate with resident/family/caregivers regarding resident's capabilities and needs, and to cue/reorient/supervise as needed. A focus area on the same care plan documents that R4 has the potential for impaired skin integrity due to cognitive deficits and resident picks at skin. The goal is for no new pressure areas to develop in the next 90 days. Interventions for this focus area include bath/shower per schedule and observe skin integrity during am/pm care.  On 10/14/20 at 11:30 AM, R4 was observed to be seen sitting on the side of his bed with a bandage hanging loose off his right ear. The bandage was	Эваяя		
	saturated with a brownish-red substance. R4's undershirt and flannel shirt were observed to			
linois Doso	have the same brownish-red dried substance rtment of Public Health			

PRINTED: 12/23/2020

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED B. WING IL6001663 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 7 S9999 down the front, as well as dried white liquid down the front of his shirt. R4's bed linens and pillowcase had the same dried brownish-red substance on them as well. On 10/14/20 at 1:25 PM, R4 was observed as being alert to person and place and describes his care at the facility as. "I'm passed by." R4 states he is unsure why staff don't tend to him but states, "Anything is better than what I've got." R4's progress notes documented by V20 (Registered Nurse/RN) and dated 9/7/20, state that R4's right ear had serous drainage from area noted to be cancerous. The ear was assessed and tolerated by resident. Serous drainage was cleansed from neck and outer ear with normal saline and gauze. R4 would only allow light cleansing to concha close to ear canal. Gauze was lightly packed to concha and ear covered with medical tape to secure. On 9/9/20 a progress note was entered stating that R4 was seen by doctor on 9/8/20, and no changes to plan of care. A 9/9/20 Progress Note by V20 documents the following: that resident was having serous drainage from his R (right) ear. V20 went to assess resident's ear. Upon entering room R4 was noted to be picking at the concha of his Right ear. V20 asked resident why he was picking at the cancerous spot to his ear. R4 stated "I'm not." Serous drainage was observed to R4's nails. Per tolerated by resident, area cleansed with NS (normal saline), gauze. No additional drainage noted from opening of right ear canal. R4 would not allow additional assessment of ear. Right ear concha was lightly packed with gauze and secured with medical tape. R4's nails were trimmed, and hands cleansed. On 9/10/20, V31 (LPN) documented the following in a Progress

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Note: V31 was alerted to resident's room by CNA. R4 was noted with moderate amount of dried and

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6001663 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 8 S9999 bright red blood to right ear, lateral neck and anterior neck/throat regions. Active bleeding from right ear noted. R4 also noted with dried blood to nail plates and right hand. Resident known for picking at cancerous lesion areas. V31 asked R4 if he had been picking at his right ear. Blood noted to tissues on the over the bed table as well as in the trash can. Care and assistance offered to R4. R4 was resistant and refused initially. Encouragement and education provided to resident for proper wound care and hygiene, R4 then allowed this nurse to assist. R4 was carefully cleansed of blood from right ear then from neck and throat region. R4 would not allow nurse to assess ear or other cancerous lesions further once cleansed. Ear packed with gauze per resident's tolerance of pressure and secured in place with a gauze wrap around his head. Gauze was secured with tape. A Progress Note dated 9/11/20 at 5:45AM shows that V45 (LPN) documented that R4 complained of pain to right ear. Upon assessment, right ear canal found to be impacted with maggots. Nurse on call notified. MD (Medical Doctor) notified and stated to send to Emergency Department for evaluation and treatment. Resident's Power of Attorney notified. At 6:18AM, R4 was transferred out via ambulance. At 1:00 PM on 9/11/20, R4 returned from emergency room, documenting that the right ear was flushed during emergency room visit. No new orders at this time. On 10/20/20 at 2:00 PM, V45 stated that she was the nurse on duty when the maggots were found in R4's ear. She had just passed medications and R4 stated that his ear was hurting, and she asked if she could look at it, which he allowed. V45 stated the order at that time was that nursing is to supply the items for him to clean his own

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>`</b> '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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S 9999	ear. V45 stated that she found the mage were a large amout evening, more than scratches his ear of the doesn't complaite ear to do the treatm stop. V45 stated R medication prior to hygiene and the lar caused the maggot	t when she looked into the ear, gots. V45 stated that there at of flies in his room that usual. V45 stated that R4 ften, likely because it itches. In of pain until you touch the nent, and then he will yell to 4 did not get any type of pain cleaning the ear, and that poor ge number of flies likely infestation. V45 stated that potal twice before all the	S9999			
	documents that R4 gurney via ambular Right ear impacted notified of transfer. 9/12/20 at 5:49AM. flushed his ear twich At this time, a new antibiotic ear drops Emergency departr 3:13 AM, documen emergency departr complaints of a ma R4 is reporting an 8 has cancer lesion to Care facility reports finger. Visible redripart of ear. Physic was that viscous lice external auditory can Normal saline was aggressively. 15 mafter 30 minutes of	Note on 9/12/20 at 2:37AM, was again transferred on a nice to acute care hospital. with maggots. Medical Doctor R4 was back in building on Emergency Room stated they e and removed 21 maggots. order was received for 4 times a day for 10 days. ment notes dated 9/12/20 at that R4 was seen in the nent "yesterday" with ggot infestation in right ear. R4 to the right ear. Long Term a R4 digs in right ear with less and inflammation on outer ian medical discharge note locaine was placed in right ear to decrease discomfort. used to irrigate ear laggots were removed, and rest, 6 more were removed on. There does appear to be				

Illinois Department of Public Health

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
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		IL6001663	B. WING		10/2	23/2020
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	some irritation withit consistent with otitis cause of R4 maggodrops were prescrit	n external auditory canal sexternal. Suspect this as set food source. Cortisporin ped with hope of decreasing iding in clearance of any other				
	refuses personal hy order was received V26 (Physician). O V20: right ear insperent external examination canal opening notes 9/23/20, a progress documents; right ear allow external examiconcha/ear canal or report. No further procumented after 9	ar inspected. Ř4 would only nination. Drainage to pening noted. Nothing new to				
	Nurse/LPN) was pa was observed to be right ear, then state his ear. V8 stated s help him. Beginning continuous observa call light was pushe arrived at 12:44 PM (Registered Nurse, a wound nurse at the wounds to his face lesions which he had V20 states R4 is ca wound care and state he requests. V20 w normal saline into a	10 PM, V8 (Licensed Practical assing medications, and R4 ascratching and digging in his do he needed assistance with the would send someone in to get at 12:10 PM, after a attion and speaking with R4, the ed at 12:39 PM, and V20 I. At this time, V20 RN) states that she works as the facility. V20 states R4's and right ear are cancer as refused to have surgery on are planned to provide his own off just assist as needed or as as observed as placing a medicine cup, gauze, and ator-tips on a barrier on R4's				

Illinois Department of Public Health

STATE FORM

Illinois Department of Public Health

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39999	bed side table. V20 removed, visibly so R4's right ear. V20 supplies, she had la care, in which he di the supplies. Despit large amount of red appearing to be blo pillowcase, floor, wharms, and blankets with hygiene was not encouraged prior to self-administer his comment of time passaction taken by R4, in which she moister and began wiping the ear. V20 asked if shright ear in which he v20 ensured she whurt too bad, which v20 moistened a conormal saline and bear. During wound observed landing on R4, V20, and multip When asked if R4 hroom, V20 pointed if mounted directly ab v20 states the light flies, but acknowled When asked why sl	removed the already partially illed with a red substance from asked if that was enough aid out for R4 to do his wound dn't respond, but just stared at the R4 observed as having a librown dried substance od to his shirt, pants, neelchair, hands, face, neck, on his bed, no assistance of the to be offered or providing him supplies to own wound care. After a short asing with no response or V20 stated she would help R4 and gauze with normal saline ne outer edges of R4's right ne could clean inside of R4's a stated, "No, it would hurt." ould be gentle and stop if it R4 then agreed to the care. Often tipped applicator-tip with the gent with flies were in the wound care supplies, onle surfaces in the room. The surfaces in the room the surfaces in the room the surfaces in the room. The surfaces in the room the sur	39999			
	blood maybe?"  A progress note ma documents the follo serous drainage to call light on for assis	ide on 10/14/20 by V20 owing: physician notified of resident's right ear. Resident's stance and answered by this radditional assistance to ear.				

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PRINTED: 12/23/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_\_ B. WING \_ IL6001663 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 12 Drainage to ear cleansed with normal saline, gauze, cotton tipped applicator per R4's tolerance. R4 would only let this nurse cleanse outer ear and concha to ear. Minimal discomfort expressed by resident. No complaints of continued discomfort after ear bandaged. Additional supplies offered to R4 for cleansing purposes and refused. Assistance offered for cleansing of nose/upper lip. R4 declined assistance. Outer ear canal assessed at time of cleansing. No noted additional changes to ear. New order given per physician for as needed assistance per resident request and tolerance. R4's September and October medication administration reports (MAR) show an order that was initiated on 11/22/19 as: Resident self-administers. Cleanse lesion to right ear with normal saline and pat dry. Monitor for weeping/draining/bleeding every shift. This was marked with a checkmark twice a day indicating it was completed until 10/15/20 when order was discontinued. The order as of 10/16/20 on the October MAR no longer states, "Resident self-administers" and documents the following: cleanse lesions to right ear with normal saline and pat dry. Apply a thin layer of petroleum jelly and cover lightly with gauze and tape. Monitor for weeping/drainage/bleeding. On 10/14/20 at 12:44 PM, V20 (Registered

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Nurse, RN) states that she works as a wound nurse at the facility. V20 states R4's wounds to his face and right ear are cancer lesions which he has refused to have surgery on. V20 states R4 is care planned to provide his own wound care and staff just assist as needed or he requests. V20 states many times R4 refuses assistance with wound treatment and care. V20 was observed as

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING IL6001663 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET HIGHLAND HEALTH CARE CENTER** HIGHLAND, IL 62249 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 13 S9999 placing normal saline into a medicine cup, gauze, and cotton tipped applicators on a barrier on R4's bed side table. V20 removed the already partially removed, visibly soiled with a red substance dressing from R4's right ear. V20 asked if that was enough supplies she had laid out for R4 to do his wound care, in which he didn't respond, but just stared at the supplies. After a short moment of time passing with no response or action taken by R4, V20 stated she would help R4 in which she moistened gauze with normal saline and began wiping the outer edges of R4's right ear, which he allowed without resistance. V20 asked if she could clean inside of R4's right ear in which he stated, "No, it would hurt." V20 ensured R4 she would be gentle and stop if it hurt too bad, with R4 then agreeing to the care. V20 moistened a cotton tipped applicator with normal saline and began wiping inside R4's right ear when he stated, "That hurts! That's too much!" V20 ceased wound cleansing at that time and placed a dry dressing over R4's right ear. V20 states R4 did not receive pain medication or pain alleviating treatments prior to receiving wound care. V20 acknowledges R4 was experiencing pain during care, which may have factored into his resistance with wound care. V20 was not observed as asking R4 to rate or describe any pain he was experiencing On 10/14/20 at 1:25 PM, R4 was observed as being alert to person and place. R4 describes his care at the facility as, "I'm passed by." R4 states he is unsure why staff don't tend to him but states, "Anything is better than what I've got." R4 denies ever being offered pain medication prior to having wound care. R4 describes his face and right ear wound area as "itchy mainly and hurts a little." When asked if he would like to receive pain

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Illinois Department of Public Health

and despite R4 observed as having a large amount of red/brown dried substance appearing to be blood to his shirt, pants, pillow case, floor, wheel chair, hands, face, neck, arms, and blankets on his bed, no assistance with hygiene was noted to be offered or encouraged. V1 states she will talk to the doctor regarding R4's care

On 10/16/20 at 11:30 AM, V43 (Family Member)

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that since admission, R4 has declined somewhat in his cognition level. V1 states that no one monitors R4's self- care to his ear, they just ensure that he has all the necessary items in his room to take care of himself. V1 says that since it was not a physician order, the wound self-care is not documented on the treatment record as being completed/refused. V1 goes on to state that nurses would just pop in and check on R4 to see if he needed any assistance at various times of the day. V1 decided yesterday (10/15/20) that the nursing staff will begin to attempt to assist R4 daily, and document refusals because they need to attempt to 'at least give it a try to help clean it.' V1 believes that the smell, poor hygiene and improper cleansing of the right ear, along with all that drainage in the right ear attracted the flies and resulted in the maggot infestation. V1 states that in hindsight, she believes R4 only cleaned it superficially and that is why the magget infestation happened. V1 is now having the staff check on him every 2 hours and change his clothes, wipe his hands and change sheets if soiled.

On 10/16/20 at 11:50 AM, V31 (LPN) states that she feels R4's cognition fluctuates, but he is normally "with it." V31 states R4 is resistant to

documentation to provide. V1 went on to state

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY MPLETED
		IL6001663	B. WING	<i>N</i>	10	/23/2020
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	caused the maggot sometimes a nurse is not typically compit is up to R4 to do had wound/treatment nuat him. V31 says the checked in on, if the wouldn't have been and he would say he v31 would get the seconsisted of petrole applicator for a mois would decline treatmere-approach him, ot know on Tuesday who change in treatmed occurred until today to clean the right eacompleted/refused.  On 10/19/20 at 8:41 non-compliant with vidoes experience so cancer wounds and painful for him, rather	nd poor hygiene has likely issue in his ear, adding that can start the treatment, but it pleted. V31 further states that his own care, but the arse would sometimes peek in lat when R4 would be a right ear looked like it cleaned, she would ask why, a didn't have the supplies. Supplies for him, which um jelly and cotton tipped at barrier. V31 states if R4 ment, nursing staff try to herwise they let the doctor hen he comes in. V31 says ent for R4's right ear has, and now wound nurses are rand document if it is not   PM, V39 (RN) states R4 is wound care. V39 states R4 me pain with his face and ear states the ear seems more er than his face. V39 states receives any medication or	S9999			
*	On 10/19/20 at 8:57 as being alert to perstates R4 has never pain to her, but will eindicate pain, such a despite the wound a V40 states R4 is res refuses much of the	PM, V40 (LPN) describes R4 son and place only. V40 made direct complaints of express phrases which is him stating "not so hard" rea being touched gently. istive to wound care and time. V40 states R4 has an ophen order, but states "he is have to ask him."			*	

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6001663 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 17 S9999 On 10/20/20 at 12:21 PM, V42 (Physician) states he cared for R4 in the past regarding his skin cancer lesions to his face and ear. V42 states if R4 was expressing or demonstrating that he is experiencing pain or resistive to care possibly due to pain, he would expect a pain treatment regimen to be implemented and re-evaluated as needed. V42 states he has not been notified of any pain R4 is experiencing. V42 states with an effective pain treatment regimen it is possible R4 would be more receptive and tolerable to cleaning the wounds which could help prevent a magget infestation. On 10/20/20 at 2:00 PM, V45 (Licensed Practical Nurse, LPN) stated she was the nurse on duty when the maggots were observed in R4's ear. V45 states R4 complained that his ear was hurting, and she asked if she could look at it. V45 states R4 allowed her to, and that's when she observed the maggots. V45 states R4 doesn't complain of pain until you touch the ear to do the treatment, and then he will yell to stop. V45 states R4 did not get any type of pain medication prior to cleaning the ear. On 10/20/20 at 3:20 PM, V26 (Physician) stated that R4 was placed on the antibiotics at the emergency room on 9/11/20. R4 has had cancer for years and has refused surgical treatment to remove it. V26 feels that R4 is oriented most of the time but has intermittent confusion. V26 stated R4 refuses most treatment from nurses and doctors, so it was determined self-care would be the best for R4 to maybe get it cleaned up as best as it could be. When the dressing was applied to R4's ear to try to stop the drainage it occluded the ear and caused the perfect environment for the maggots to hatch. Poor

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hygiene likely was part of the cause of the

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STATEMENT OF DEFICIENCIES (X1) PR

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	PRRECTION IDENTIFICATION NUMBER: A. BUILDING:		COMP	LETED	
		IL6001663	B. WING		10/2	3/2020
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S9999	In a policy titled Marevision date of 9/1 "Our mission is to findependence, propreserve resident of policy is to accompeffective pain manaour residents the moderate these goal accurately assessing pain Aggressively and cognitively improperson says it is, experiencing person says it	The flies are attracted to both lying skin. V26 feels that the lequately on R4's condition.  Inagement of Pain with a 6/20, the document states, racilitate resident mote resident comfort and lignity. The purpose of this dish that mission through an agement program, providing neans to receive necessary greater independence, and diffe involvement." "We will sthrough: Promptly and ng and diagnosing assessing pain in non-verbal paired residents" The policy for the purposes of this policy, whatever the experiencing xisting whenever the on says it does." "Nursing mportant part of the pain cially in the non-verbal or cognitively Pain may also be indicated anges in the following: facial behaviors, body movements, atus."  The found at w.com/em-news/fulltext/2019/0 lite_otitis_externa_pain_can_be		DEFICIENCY		
	titled, "Acute Otitis	dated February 2019 and Externa Pain Can Be Severe, Had in the ED" states: "The				

Illinois Department of Public Health

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